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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number <b>10/766,504</b>		Filing Date <b>27 January, 2004</b>		<input type="checkbox"/> To be Mailed		
				Applicant(s) <b>RAY ET AL.</b>				Page 1 of 1		
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT 12/04/2008		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1					1		51		1	
2						1	52		1	
3						1	53		1	
4						1	54		1	
5						1	55		1	
6						1	56		1	
7						1	57		1	
8						1	58	1		
9						1	59	1		
10						4	60	1		
11						4	61	1		
12						4	62	1		
13						1	63	1		
14						1	64	1		
15						4	65	1		
16					1		66	1		
17					1		67			
18						2	68			
19						1	69			
20						1	70			
21						1	71			
22						1	72			
23						1	73			
24						1	74			
25						1	75			
26						1	76			
27					1		77			
28					1		78			
29					1		79			
30					1		80			
31					1		81			
32					1		82			
33						1	83			
34						1	84			
35						1	85			
36						1	86			
37						1	87			
38						1	88			
39						1	89			
40						1	90			
41						4	91			
42						4	92			
43						4	93			
44						1	94			
45						1	95			
46						4	96			
47					1		97			
48					1		98			
49						2	99			
50						1	100			
Total Indep					20		Total Indep			
Total Depend						72	Total Depend			
Total Claims					92		Total Claims			

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